89. 5 lakh estimated leprosy case$_s$ in the country. About 4. 50 lakh new leprosy cases are being detected every year. The details of the *new* cases detected during the last 3 years, State-wise, are given in An-nexure. (See Appendix CXLI, Anne-rure No. 117]

(b) The states of Tamil Nadu, Orissa, Andhra Pradesh, West Bengal, Nagaland, Maharashtra, Karnataka, Bihar, Sikkim and Union Territories of Pondicherry, Lakshadweep and Andaman and Nicobar Islands have a prevalance rate of 5 and more per 1000 population.

(c) MDT treatment is being introduced phased manner, 16 Districts have already been brought under MDT and 23 additional districts are being covered under MDT during 1986-87. All the 76 high endemic districts (prevalance rate 10-)-per 1000) will be covered by MOT by 1990. 125 endemic districts (prevalance rate 5 to 10 per 1000) will be provided with adequate infrastructure also by 1990.

(d) The various infrastructure in from of Leprosy Control Units, Urban Leprosy Centres, temporary hospitalisation wards, sample survey cum As-sesment Units etc. are being established. Targets for the same are assigned to the Stat. Targets for new case detection, for treatment and cases for discharged are also assigned to ths States. Leprosy Rehabilitation promotion Units are being set up in the States to take care of the rehabilitation aspect of the cured leprosy patients.

(e) Multi-drug treatment is also Introduced in one low endemic district each of 5 States through Primary Health Care Staff. All dapsone refractory cases are brought under MDT In all Dapasone monotherapy districts Including low endemic districts.

Child mortality due to common diseases

2496. PROF. B. RAMACHANDRA RAO;
SHRI ADINARAYANA REDDY:
SHRI G. SWAMY NABK:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the figures of child mortality in Indita due to common causes like dehydration, measles, diphtheria, whooping cough, iron-deficiency, anaemia, etc.;

(b) what steps are taken to cover all the children in the below age of five by immunisation and oral rehydration therapy (ORT);

(c) what are the figures for the suvival rate of children during the last five years; and

(d) what is the extent to which voluntary agencies are involved is the intensive child care programmes to prevent the spread of diseases among the children?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) As per the latest available figures maintained by the Registrar Gereral of India, on Child Mortality due to common causes like Gesteroanteritis, measles, whooping caugh and anaemia; 12. 5, 3. 2, 0. 35, and 7. 8 respectively per 0 to 4 years succumb to these disea-thousand population in the age group ses. Figures for diphtheria are not available.

(b) Expanded Programme on Immu nisation, Universal, Immunisation Programme and Oral Rehydration Therapy Programme to protect primarily Children under five are in operation.

(c) Figures for survival rates of Children during the last five years are not available.

(d) Voluntary agencies are involved fully in all the child care program-Me3 of the Government of India.

Financial assistance to the unemployed doctors (M. B. B. S.) in the country

2497. SHRI SURESH KALMADI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of unemplo yed M. B. B. S. doctors as on 31st January, 1987 in the country;

(b) whether Government propose to provide any financial help to such doctors to enable them to be self-employed; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The number of medical graduates including postgraduates who were on the live rester of employment exchanges as on the 30th June, 1986is 25613.

(b) and (c) Public health being a State subject, it is basically for the State Governments to evolve suitable employment schemes fo$_r$ utilising the services of available stock of doctors. The nationalised banks also offer loans to doctors to establish chinics/ nursing homes in the rural areas.

Atrocities on women

2*98. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HUMAN RESOURCE DEVELOPMENT be, pleased to state:

(a) whether Government are aware that atrocities on women have, of lata considerably increased in the country;

(b) whether Government are also aware that cases of burning of women have also increased in the country and particularly in the capital; and

(c) if so, what remedial steps have been taken by Government in the matter?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI-MATI MARGARET ALVA): (a) and (b) Yes, Sir.

(c) The Minister of State for Women & Child Development has requested all the Chif Ministers of the States/UTs to have the law and order machinery geared up so as to effectively carry out the amended laws. For this purpose, training and reorientation of police officers is essential. The Chief Ministers have accordingly been requested to give serious throught to this suggestion so that the police machinery is able to be in step with the new laws.

Railway computerised information System

2499. SHRI RAMNARAYAN GOSWAMI:

SHRI MOSTAFA BIN QUASEM:

Will the Minister of RAILWAYS be pleased to state:

(a) whether Government have any proposal under their consideration to set up a new computerised information system for Railways;

(b) if so, what are tho main features of the proposal; and

(c) by when it is likely to b» introduced?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) Yes, Sir. Freight Operations Infora-mation System is a sanctioned work.

(b) The Freight Operations Information System will be an integrated computer-based scheme serving the